

App 1

Mohave County Planning and Zoning Commission
P O Box 7000
Kingman Arizona 86402-7000

APPLICATION FOR A REZONE

Dear Sir:

I (We) RHODES HOMES ARIZONA hereby request the rezoning of:

(legal description of subject property)
Assessor's Parcel Number (APN) 215-16-005 215-01-075
From: A-R Proposed to be: SD - PAD
(Current Zoning) (Proposed Zoning)

For the purpose of: A SINGLE FAMILY RESIDENTIAL COMMUNITY WITH UNIQUE DEVELOPMENT STANDARDS
(Proposed use of Property)
and request that the Board of Supervisors set this matter for public hearing following evaluation by the Planning and Zoning Commission

Present use of property: VACANT Zoning A-R
Owner: (proof required*) AMERICAN LAND MANAGEMENT LLC, SOUTH DAKOTA LLC
Owner: (address) 6101 S. MUSTANG CIRCLE, SIOUX FALLS, SD 5708
Phone: _____

Property owner concurs: _____

(Owner's Signature Required)

**SUBMIT TEN (10) COPIES OF 8 1/2 X 11 SITE PLAN AND DRAWING WITH
TEN (10) COPIES OF THIS FORM**

(TO BE FILLED IN IF OWNER AND APPLICANT DIFFERENT)

Applicant's interest in the property DEVELOPER

Applicant: RHODES HOMES AZ c/o STANLEY CONSULTANTS

Address: ATTENTION: LORA DRESA, 3001 S. STOCKTON HILL ROAD #3

City: KINGMAN State: AZ Zip: 86401 Phone: (702) 765-6542

*ONE (1) PROOF OF OWNERSHIP: Recorded Warranty or Joint Tenancy Deed; a Quit Claim Deed is not acceptable

Date submitted _____ Received by: _____
Fee _____ Receipt No: _____
Ten (10) Copies Received: _____
Application: _____ Other: _____ Sketch: _____



SARALYN ROSENLUND
Notary Public - Nevada
No 02-76733-1
My Appt Exp July 11, 2006

Saralyn Rosenlund